

CLAIMS ONLY

627-05

Application Number

10/7/17, 705

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | * May be used for additional claims or amendments | | * May be used for additional claims or amendments | |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|---|--------|---|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Depend | | | 16 | | | | Total Depend | | | | | |
| Total Claims | | | 19 | | | | Total Claims | | | | | |